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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 930.00

Complete if Known

Application Number	10/726,381-Conf. #5635
Filing Date	December 2, 2003
First Named Inventor	Frida Ryttsen, et al.
Examiner Name	J. S. Ketter
Art Unit	1636
Attorney Docket No.	59664CIP RCE (47137)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims 150 - 150 Extra Claims x Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 4 - 7 = Extra Claims x Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)		Fees Paid (\$)
Other (e.g., late filing surcharge):	1253 Extension for response within third month	525.00
	1801 Request for continued examination (RCE) (see 37 ...)	405.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	54,744	Telephone	(617) 239-0719
Name (Print/Type)	Jeffrey Kopacz	Date	May 9, 2008		



05-12-08

IAW RCE

PTO/SB/21 (01-08)

Approved for use through 03/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/726,381-Conf. #5635
	Filing Date	December 2, 2003
	First Named Inventor	Frida Ryttsen, et al.
	Art Unit	1636
	Examiner Name	J. S. Ketter
Total Number of Pages in This Submission	Attorney Docket Number	59664CIP RCE (47137)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Jeffrey Kopacz		
Date	May 9, 2008	Reg. No.	54,744



Application No. (if known): 10/726,381

Attorney Docket No.: 59664CIP RCE (47137)

Certificate of Express Mailing Under 37 CFR 1.10

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Kathryn Grindrod

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5534
Telephone Number

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Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Fee Transmittal (1 page)
Request for Continued Examination Transmittal (1 page)
Response to Final Office Action (18 pages)
Information Disclosure Statement (2 pages)
IDS (Citation) by Applicant (18 References) (1 page)
Return Receipt Postcard
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